MARYLAND STATE DEPARTMENT OF HEALTH

09097

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: CALVERT
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lower Marlboro
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY: CALVERT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Franklin (Middle) Blair (Last) ARMIGER

4. DATE OF DEATH: (Month) Sept (Day) 14 (Year) 1950

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb 15 1882

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm owner

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin F Armiger

14. MOTHER'S MAIDEN NAME: Elizabeth Leppett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs Griffith Armiger

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Cecum

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/49, to 9/14, 1950, that I last saw the deceased alive on 9/9, 1950, and that death occurred at 8:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Jas Jett

ADDRESS: PRINCE FREDERICK, MD. - 9-15-50

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Sept 16-50

NAME OF CEMETERY OR CREMATORY: Lower Marlboro Md

LOCATION (City, town, or county) (State): Lower Marlboro Md

DATE REC'D BY LOCAL REG.: Sept 16-1950

REGISTRAR'S SIGNATURE: Elsie M. Dot

24. FUNERAL DIRECTOR: W. H. Hutchins

ADDRESS: Owings Md

VS. A15

OOOVV

RECEIVED
SEP 19 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH 09098

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 52

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Calvert; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Paris; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Paris; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Baby Girl (Middle) Booth (Last)

4. DATE OF DEATH: (Month) 9 (Day) 14 (Year) 1950

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 9/12/50

9. AGE last birthday: yrs. If under 1 year: Months; Days 12; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alfred Booth

14. MOTHER'S MAIDEN NAME: Louise Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Louise Booth

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.1 **Immediate cause** (a) Probably Congenital Heart — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s)

157.2 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Found dead in bed.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 9:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): H. W. Ward D. M. D. ADDRESS: Owings Md DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE: 9/14/50; NAME OF CEMETERY OR CREMATORY: Mt Hope; LOCATION (City, town, or county): Sunderland (State): Md

DATE REC'D BY LOCAL REG.: Sept. 14, 1950; REGISTRAR'S SIGNATURE: Grace L. Hutchins

24. FUNERAL DIRECTOR: ~~Alfred Booth~~ W. H. Hutchins ADDRESS: Owings, Md.

1-0-9-02-0-20-4-40-V

VS-A15

RECEIVED
SEP 19 1950
BUREAU T. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09099

Reg. Dist. No. 5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Solomons | LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3528 Esther Place

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Alfred (Last) Butler
4. DATE OF DEATH: (Month) Sept (Day) 3 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb 2 1907
9. AGE last birthday: 43 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Bldg —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S. - Amer.

13. FATHER'S NAME: Benjamin Frank Butler
14. MOTHER'S MAIDEN NAME: Sarah A. Morel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service):
16. SOCIAL SECURITY No. 213-07-9529
17. INFORMANT AND ADDRESS: Mrs. Gilbert Jones - Solomons Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hr.

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from dead on my arrival, 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 4:15 P m., from the causes and on the date stated above.

SIGNATURE: E. S. Coster (Degree or title) M.D. ADDRESS: Solomons. Md DATE SIGNED: 9/3/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 9/6/50 | NAME OF CEMETERY OR CREMATORY: Meadow Ridge | LOCATION (City, town, or county) (State): Howard County - Md

DATE REC'D BY LOCAL REG. 9/3/50 | REGISTRAR'S SIGNATURE: E. S. Coster | 24. FUNERAL DIRECTOR: A. A. Harkness & Son — ADDRESS: Mutual, Md.

30857

RECEIVED
SEP 18 19[illegible]
BUREAU F. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09100

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick, Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) (Last) Chew

4. DATE OF DEATH (Month) 9 (Day) 28 (Year) 1950

5. SEX F

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH Sept 6, 1884

9. AGE last birthday 66 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Calvert Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME David Rawlings

14. MOTHER'S MAIDEN NAME Hannah Kelson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Blake Chew Prince Frederick, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002X Immediate cause (a) Pellmonary Tuberculosis

13b Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 6.35 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS St Leonard Md DATE SIGNED 9/29/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Oct 1, 1950

NAME OF CEMETERY OR CREMATORY Brown's Chapel

LOCATION (City, town, or county) Calvert (State) Md

DATE REC'D BY LOCAL REG. 9-29-50

REGISTRAR'S SIGNATURE H. N. Ward

24. FUNERAL DIRECTOR P. E. Sewell. ADDRESS Prince Frederick, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 9 1950
BUREAU T. S

MARYLAND STATE DEPARTMENT OF HEALTH

09101

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owensville
LENGTH OF STAY (in this place) 19 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Richard (Middle) Sherman (Last) Estep Jr

4. DATE OF DEATH (Month) 9 (Day) 19 (Year) 1950

5. SEX M

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W

8. DATE OF BIRTH March 27 1867

9. AGE last birthday 83 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farm owner

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Richard Sherman Estep

14. MOTHER'S MAIDEN NAME Mary Frances Ennis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Pearl Hawkins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.1 Immediate cause (a) Gangrene of left leg — INTERVAL BETWEEN ONSET AND DEATH: 4 mo

Antecedent cause(s)

97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio sclerosis — 10 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jun, 1950, to Sept 19, 1950, that I last saw the deceased alive on 9/18, 1950, and that death occurred at 1030 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H M Ward Owing Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 9/22/50 — NAME OF CEMETERY OR CREMATORY Friendship — LOCATION (City, town, or county) Friendship (State) Md

DATE REC'D BY LOCAL REG. 9/20/50 — REGISTRAR'S SIGNATURE H M Ward — 24. FUNERAL DIRECTOR Hardesty & Son, Galesville — ADDRESS Md

000 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 23 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09102

CERTIFICATE OF DEATH

Reg. Diat. No. 52

M

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

1. PLACE OF DEATH:
County: Calvert County
City or town: North Beach
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 years
Hospital, institution, or street address where death occurred:
2nd & Chesapeake -
How long in hospital or institution? — none

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Calvert County
City or town: North Beach
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 2nd & Chesapeake
(If rural, give LOCATION)
2.(a) If veteran, name war: — none —

3. (a) FULL NAME: Harry Isaac Fickler

3. (b) Social Security Number: 213-26-1016

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married.

6.(b) Name of husband or wife: Dorothy Mildred Fickler
6.(c) If alive, give age: 45 years
7. Birth date of deceased (mo., day, yr.): 9/27/1899 about 1900

8. AGE: Years	Months	Days	If less than one day
50	11	27	... hrs. ... min.

9. Birthplace: New York City N.Y. (Town, county, and state)
10. Usual occupation: Pharmacist
11. Industry or business: Drug.

FATHER
12. Name: Louis Fickler.
13. Birthplace: Roumania.

MOTHER
14. Maiden name: Esther ——?
15. Birthplace: Roumania.

16. Informant: — Wife — Dorothy Mildred Fickler
Address: North Beach.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 25 50 (month) (day) (year)
Cemetery or crematory: Ft. Washington Mem. Assn.
Location: Maryland

18. Funeral director: B. Damansky & Son
Address: 3501 14th St. N.W. Wash. D.C.

19. Sept 24 1950 (Date rec'd by registrar) Grace L. Kutchins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 24 1950 at 11:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1950 to September 1950 and that I last saw h... alive on 9/20/50 1950

Immediate cause of death	DURATION
Carcinoma of Prostate.	9 mo's
Due to	
Due to	
Other conditions - none known.	

177X
515
(Include pregnancy within 3 months of death)

Major findings of operation: Carcinoma of Prostate
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: Huntingtown Md Date signed: 9/24/50

RECEIVED
OCT 12 1950
BUREAU OF

Evidence for addition of 3 & 4 shown on:

09103

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 1 28 SEP 21 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pr. Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) female (Middle) (Last) Grossl

4. DATE OF DEATH: (Month) Sept. (Day) 2 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept. 2, 1950

9. AGE last birthday: yrs. If under 1 year: Months Days; If under 24 hrs.: Hours 8 Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): --

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Major Gross

14. MOTHER'S MAIDEN NAME: Florence Stewart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity (5 months)

776X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

159 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS St Leonard, Md DATE SIGNED 9/15/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9-2-50 — NAME OF CEMETERY OR CREMATORY: Carroll — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 9/2/50 — REGISTRAR'S SIGNATURE: 9-2-50 H. W. Ward

24. FUNERAL DIRECTOR: P. E. Sewell — ADDRESS: Prince Frederick, Md.

2-0-9-02-0-24-4-24-1

RECEIVED
SEP 20 1950
BUREAU OF

Evidence for change in #9 as shown in:

MARYLAND STATE DEPARTMENT OF HEALTH

09104

2411 N. Charles Street, Baltimore

FILE No. G 128 OCT 27 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH — COUNTY: Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Prince Frederick — LENGTH OF STAY (In this place): 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) Benjamin (Middle) ? (Last) Hicks
4. DATE OF DEATH (Month) Sept. (Day) 2 (Year) 1950
5. SEX: MALE
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH: Dec. 17, 1882
9. AGE last birthday: 67 ~~68~~ yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Tenant
10b. KIND OF BUSINESS OR INDUSTRY: farmer
11. BIRTHPLACE (State or foreign country): Calvert Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Jim Hicks
14. MOTHER'S MAIDEN NAME: Henrieta ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: daughter - Hilda Hicks

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary embolism — 5 min

550.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 7 days post operative appendicitis — 7 days

121 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8/26/50
19b. MAJOR FINDINGS OF OPERATION: Ruptured appendix
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/26, 1950, to 9/2, 1950, that I last saw the deceased alive on 9/2, 1950, and that death occurred at 6:30 P m., from the causes and on the date stated above.

SIGNATURE: H Ward (Degree or title) — ADDRESS: Owing Md — DATE SIGNED:

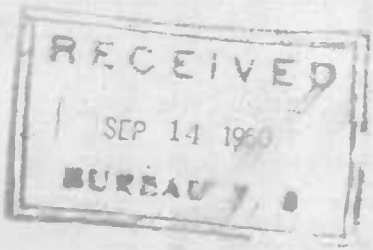
23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Sept 5, 50 — NAME OF CEMETERY OR CREMATORY: St. Johns — LOCATION (City, town, or county) (State): Calvert, Co. Md

DATE REC'D BY LOCAL REG: 9-5-50 — REGISTRAR'S SIGNATURE: H. N. Ward — 24. FUNERAL DIRECTOR: P. E. Sewell — ADDRESS: Prince Frederick Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15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SEP 14 1960
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09105

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH- COUNTY: Calvert — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: Maryland — COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Huntingtown — LENGTH OF STAY (in this place): Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Huntingtown Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Frank Kyler.			4. DATE OF DEATH (Month) (Day) (Year): 9 - 23, 1950	
5. SEX: M	6. COLOR OR RACE: C	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: about 1866	9. AGE last birthday: 84 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer.	10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): Calvert Co. Md.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Benjamin Kyler.			14. MOTHER'S MAIDEN NAME: not known.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.		17. INFORMANT AND ADDRESS: Isaiah Kyler, Huntingtown Md.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive cardio-vascular renal disease

Antecedent cause(s)

442X 131a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/8, 1948, to 9/23, 1950, that I last saw the deceased alive on 9/22, 1950, and that death occurred at 5:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	Md	Huntingtown Md	9/25/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 9-26-50	NAME OF CEMETERY OR CREMATORY: Youngs Chapel	LOCATION (City, town, or county) (State): Calvert, Co. Md
DATE REC'D BY LOCAL REG.: 9/25/50	REGISTRAR'S SIGNATURE: H. W. Ward	24. FUNERAL DIRECTOR: P.E. Sewell, Prince Frederick, Md.	ADDRESS

866VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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Evidence for addition of 8 & 9 shown on: Item 18 - on Film G128 Oct.27

FILM NO. G 128 SEP 26 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09106

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH — COUNTY: Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Solomons
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Wash DC — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): 1625 Franklin St NC

3. NAME OF DECEASED (Type or Print): (First) Harold (Middle) S (Last) Lehtma
4. DATE OF DEATH: (Month) 9 (Day) 9 (Year) 1950

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Ud
8. DATE OF BIRTH: Jan. 15, 1897
9. AGE last birthday: 53 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Interior & Exterior Painter
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Estonia
12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME: Karl Lehtma
14. MOTHER'S MAIDEN NAME: Elsie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.: 133-09-5570
17. INFORMANT AND ADDRESS: Rudolph R. Vaetrich, 1220 Bartlett Ave NE, Wash DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drown

850.8 Antecedent cause(s)

172 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Boat collided with tug

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Power
(CITY OR TOWN): Solomons (COUNTY): Calvert (STATE): Md
TIME OF INJURY (Month) 9 (Day) 9 (Year) 50 (Hour) 11:30 P m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Fell off a boat when it hit a barge in fog. (10-27-50 - ams)

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 11:30 P m., from the causes and on the date stated above.

SIGNATURE: H Howard (Degree or title): D.M.E. ADDRESS: Owing Md DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Sept. 13, 1950
NAME OF CEMETERY OR CREMATORY: Washington National
LOCATION (City, town, or county): Suitland, (State): Md

DATE REC'D BY LOCAL REG.: 9/10/50
REGISTRAR'S SIGNATURE: H Howard
24. FUNERAL DIRECTOR: W. W. Chambers Co - Wash, D.C. ADDRESS:

34049

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 14 1950
BUREAU OF S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

09107

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Prince Frederick Calvert Co MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Parran COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
STREET ADDRESS (If rural, give location) Prince Frederick Md

3. NAME OF DECEASED (Type or Print) (First) May Cora (Middle) McGruder (Last)

4. DATE OF DEATH (Month) 9 (Day) 6 (Year) 1950

5. SEX F | 6. COLOR OR RACE C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) D | 8. DATE OF BIRTH Dec 31, '28 | 9. AGE last birthday 21 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Maurice McGruder | 14. MOTHER'S MAIDEN NAME Louie Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Lincoln Stepney

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Internal injury of chest | 90 Min

835.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

170 C (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fell off trailer which ran over chest

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home | (CITY OR TOWN) Parran (COUNTY) Calvert (STATE) Md

TIME OF INJURY (Month) 9 (Day) 6 (Year) 50 (Hour) 630 P m. | INJURY OCCURRED While at Work ☐ Not While At work ☒ | HOW DID INJURY OCCUR? Fell off trailer which went over her

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE H M Ward (Degree or title) V.M.D. ADDRESS Owing Md DATE SIGNED 9/6/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 9-8-50 | NAME OF CEMETERY OR CREMATORY St Edmonds | LOCATION (City, town, or county) Calvert (State) Md

DATE REC'D BY LOCAL REG. 9-6-50 | REGISTRAR'S SIGNATURE H W Ward | 24. FUNERAL DIRECTOR P E Sewell ADDRESS Prince Frederick

52086

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M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS. A15

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09108

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) Gibson (Last) Ramsey

4. DATE OF DEATH (Month) Sept. (Day) 2, (Year) 1950

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W

8. DATE OF BIRTH Jan. ? 1863

9. AGE last birthday 87 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Calvert County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John W. Gibson

14. MOTHER'S MAIDEN NAME Mary R. ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No

16. SOCIAL SECURITY No. No

17. INFORMANT AND ADDRESS Milton Ramsey - Prince Frederick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

331X Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 26, 1950, to Sept 2, 1950, that I last saw the deceased alive on Sept 1, 1950, and that death occurred at 40 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Joe L Jett ADDRESS Prince Frederick DATE SIGNED 9/5/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Sept. 5, 1950

NAME OF CEMETERY OR CREMATORY Asbury M.E. Cemetery

LOCATION (City, town, or county) (State) Barstow - Maryland

DATE REC'D BY LOCAL REG. 9-5-50

REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR A. A. Harkness & Son - ADDRESS Mutual, Md.

RECEIVED
SEP 14 1950
BUREAU OF

(M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

(1)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09109

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert, Island Creek MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home, Island Creek, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Island Creek, Md.

3. NAME OF DECEASED (Type or Print) (First) Charllette (Middle) S. (Last) Rice

4. DATE OF DEATH (Month) Sep. (Day) 9, (Year) 1950

5. SEX Female

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH about 1857

9. AGE last birthday 93 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY Same

11. BIRTHPLACE (State or foreign country) Calvert County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME —

14. MOTHER'S MAIDEN NAME —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Mr. George Rice, Island Creek, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis

420.1

Antecedent cause(s)

94a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1950, to Sept 9, 1950, that I last saw the deceased alive on ....., 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE R. W. Willamal (Degree or title) ADDRESS S. Lemars. DATE SIGNED Sept 9/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Sep 11, 1950

NAME OF CEMETERY OR CREMATORY Shoals Church cemetery

LOCATION (City, town, or county) (State) Mutual Md.

DATE REC'D BY LOCAL REG. 9-11-50

REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR Leroy E. Berry ADDRESS Dares, Md.

RECEIVED
SEP 14 1950
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09110

CERTIFICATE OF DEATH

Reg. Dist. No. 50

1. PLACE OF DEATH: COUNTY Calvert Olivet MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olivet
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Calvert COUNTY Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olivet
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) EDWARD — (Middle) (Last) THOMAS

4. DATE OF DEATH (Month) September (Day) 21 — (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Mar. 20 - 1877
9. AGE last birthday 73 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oysterman
10b. KIND OF BUSINESS OR INDUSTRY Oyster —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Isiah Thomas
14. MOTHER'S MAIDEN NAME Sarah June Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No
16. SOCIAL SECURITY NO. ✓
17. INFORMANT AND ADDRESS Louis Thomas - Olivet. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary occlusion	1/2 hour
Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac Disease —	5 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION ✓
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from died, 19 , to suddenly, 19 , that I last saw the deceased alive on Dec —, 1948, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE Dr. E. S. Coster (Degree or title) ADDRESS Solomons - Md DATE SIGNED 9/21/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 9/24 50
NAME OF CEMETERY OR CREMATORY Olivet. M. E.
LOCATION (City, town, or county) Olivet. Md (State)

DATE REC'D BY LOCAL REG. 9/21/50
REGISTRAR'S SIGNATURE Dr. E. S. Coster
24. FUNERAL DIRECTOR A. A. Harkness & Son - Mutual Md ADDRESS

900 V1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 26 1950
BUREAU V. S

09111

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

M

2

1. PLACE OF DEATH — COUNTY: Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Prince Frederick — LENGTH OF STAY (in this place): 13 3/4 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Plum Point
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Ward

4. DATE OF DEATH (Month) (Day) (Year): September 13 1950

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Sept. 10, 1950
9. AGE last birthday: yrs. — If under 1 year: Months, Days 3 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Plum Point, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ELSWORTH ~~Elsworth~~ Ward
14. MOTHER'S MAIDEN NAME: Martha Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Elsworth Ward. Plum Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

776X Immediate cause (a) Pre mature

Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/12, 1950, to 9/13, 1950, that I last saw the deceased alive on 9/12, 1950, and that death occurred at 9/13 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

G. J. Weems.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Sept 14, 50
NAME OF CEMETERY OR CREMATORY: St Edmonds
LOCATION (City, town, or county) (State): Calvert, Md

DATE REC'D BY LOCAL REG.: 9-14-50
REGISTRAR'S SIGNATURE: H. W. Ward
24. FUNERAL DIRECTOR ADDRESS: P. E. Sewell Prince Frederick

9-V-9-10-0-9-9-V-9-9-V.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
SEP 15 1950

not here

09163

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH: COUNTY ~~Carroll~~ Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Beach
LENGTH OF STAY (in this place) 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ~~Carroll~~ Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Beach Md
STREET ADDRESS (If rural, give location) 618 - 7 st

3. NAME OF DECEASED (Type or Print) (First) CARLTON (Middle) RICE (Last) WILLETT
4. DATE OF DEATH (Month) Sept (Day) 4 (Year) 1950

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 8/25/1869
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Chief Clerk
10b. KIND OF BUSINESS OR INDUSTRY U.S. Govt Com. Int State
11. BIRTHPLACE (State or foreign country) Kentucky
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Slaisy Willett N. Beach Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153x Immediate cause (a) Carcinoma of Sigmoid

46 e Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1946, to Sept 4, 1950, that I last saw the deceased alive on Sept 4, 1950, and that death occurred at 5:10 A m., from the causes and on the date stated above.

SIGNATURE Sage Tett (Degree or title) ADDRESS Prince Frederick DATE SIGNED 9/4/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/7/50
NAME OF CEMETERY OR CREMATORY Rock Creek
LOCATION (City, town, or county) Washington DC (State)

DATE REC'D BY LOCAL REG. 9-4-50
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gaecks Sons Hyattsville Md ADDRESS

Mrs. Elsie M. Cox (RF)

XVX 98

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SEP 11 1950
BUREAU V. R